

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560,484

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
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26		2				
27						
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30	1					
31		1				
32		1				
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36		1				
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38		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49						
50						
TOTAL IND.	1					
TOTAL DEP.		18				
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						